

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: **6**

## OFFICE USE ONLY

Date Received  
**RECEIVED**

**JAN 07 2019**

DENTON COUNTY ELECTIONS

By **DW**

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

**JOE**

MI

NICKNAME

LAST

**HOLLAND**

SUFFIX

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

**304 EL PASEO**

**DENTON, TX, 76205-**

☐ Change of Address

5 CANDIDATE /  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

**(940) 206-5177**

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

**DAN**

MI

NICKNAME

LAST

**COFFEY**

SUFFIX

7 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

**513 W. OAK**

**DENTON, TX, 76201**

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

**(940) 565-9241**

9 REPORT TYPE



January 15



30th day before election



Runoff



15th day after campaign  
treasurer appointment  
(Officeholder Only)



July 15



8th day before election



Exceeded \$500 limit



Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

**10 / 30 / 2018**

THROUGH

Month

Day

Year

**12 / 31 / 2018**

11 ELECTION

Month

Day

Year

**10 / 30 / 2018**



Primary



Runoff



Other  
Description



General



Special

12 OFFICE

OFFICE HELD (if any)

**DENTON COUNTY  
JUSTICE of the PEACE  
Pct. #1**

13 OFFICE SOUGHT (if known)

GO TO PAGE 2

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

14 C/OH NAME

JOE HOLLAND

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)\$ 8,500.<sup>00</sup>/<sub>100</sub>EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 4,520.<sup>00</sup>/<sub>100</sub>

4. TOTAL POLITICAL EXPENDITURES

\$

CONTRIBUTION  
BALANCE

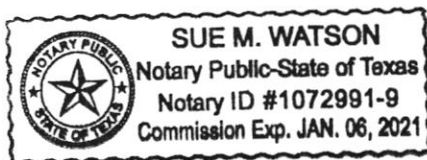
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 4,208.<sup>47</sup>/<sub>100</sub>OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 6,300.

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Joseph Holland*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Joseph Holland, this the 7th day of January, 20 19, to certify which, witness my hand and seal of office.

*Sue M. Watson*  
Signature of officer administering oath

*Sue M. Watson*  
Print name of officer administering oath

*Notary*  
Title of officer administering oath

# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

## **SCHEDULE A (J)**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J): **2**

2 FILER NAME **JOE HOLLAND**

3 ACCOUNT # (Ethics Commission Filers)

4 Date **10-29-18** 5 Full name of contributor ☐ out-of-state PAC (ID#:

**RICK BARRIA**

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

**50.**

(If travel outside of Texas, complete Schedule T)

6 Contributor address; City; State; Zip Code  
**5138 EDWARDS  
DENTON, TX. 76208**

9 Contributor's principal occupation  
**AIRLINE PILOT**

10 Contributor's job title

11 Contributor's employer/law firm

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date

Full name of contributor ☐ out-of-state PAC (ID#:

**10-30-18**

**BENNY & BARBARA RUSSELL**

Amount of contribution (\$)

In-kind contribution description (if applicable)

**50.**

(If travel outside of Texas, complete Schedule T)

Contributor address; City; State; Zip Code

**1324 HEATHER LN  
DENTON, TX. 76209**

Contributor's principal occupation  
**REAL ESTATE**

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

Full name of contributor ☐ out-of-state PAC (ID#:

**10-30-18**

**ROBERT & BETTE SHERMAN**

Amount of contribution (\$)

In-kind contribution description (if applicable)

**150.**

(If travel outside of Texas, complete Schedule T)

Contributor address; City; State; Zip Code

**3411 SHADOW BROOK CT.  
DENTON, TX. 76210**

Contributor's principal occupation

**ANIMAL SHELTER FOUNDATION**

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

## **SCHEDULE A (J)**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J):

2 FILER NAME

JOE HOLLAND

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#)

7 Amount of  
contribution (\$)

8 In-kind contribution  
description (if applicable)

11-13-18

TOMMY CARUTHERS

6 Contributor address; City; State; Zip Code

209 RIDGECREST  
DENTON, TX. 76209

250.00

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

REAL ESTATE

10 Contributor's job title

11 Contributor's employer/law firm

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

11-5-18

DENTON/TREPAC REALTORS

Contributor address; City; State; Zip Code

P.O. BOX 2246  
AUSTIN, TX. 78768-2246

8000

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

REAL ESTATE PAC

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

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## POLITICAL EXPENDITURES

## SCHEDULE F

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials  
Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related  
Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **2** 2 FILER NAME **JOE HOLLAND** 3 ACCOUNT # (Ethics Commission Filers)

4 Date **11-1-18** 5 Payee name **LAKE CITIES EDUCATION FOUNDATION**

6 Amount (\$) **75.00** 7 Payee address; City; State; Zip Code  
**315 E. HONDLEY DR.  
LAKE DALLAS, TX. 75065**

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) **PUBLIC SCHOOL FUNDRAISER** (b) Description (If travel outside of Texas, complete Schedule T)  
☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **11-8-18** Payee name **CRAIG OWNBY**

Amount (\$) **750.00** Payee address; City; State; Zip Code  
**7106 LIGHTHOUSE ROAD  
ARLINGTON, TX. 76002**

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) **CAMPAIGN CONSULTING** Description (If travel outside of Texas, complete Schedule T)  
☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **11-8-18** Payee name **JOE HOLLAND, PROPERTIES**

Amount (\$) **2500.00** Payee address; City; State; Zip Code  
**304 EL PASO  
DENTON, TX. 76205**

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) **LOAN PAYMENT** Description (If travel outside of Texas, complete Schedule T)  
☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held  
**JOE HOLLAND DENTON COUNTY JP #1**

Date **11-8-18** Payee name **DENTON COUNTY REPUBLICAN PARTY**

Amount (\$) **150.00** Payee address; City; State; Zip Code  
**2921 COUNTRY CLUB ROAD # 102  
DENTON, TX. 76210**

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) **VOLUNTEER APPRECIATION DINNER** Description (If travel outside of Texas, complete Schedule T)  
☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



## POLITICAL EXPENDITURES

## SCHEDULE F

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials  
Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related  
Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)

4 Date 12-6-18 5 Payee name LAKE CITIES CHAMBER of COMMERCE

6 Amount (\$) 85.00 7 Payee address; City; State; Zip Code 3300 CORINTH PARKWAY  
CORINTH, TX. 76210

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) MEMBERSHIP DUES (b) Description (If travel outside of Texas, complete Schedule T) ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date 12-6-18 Payee name POSTMASTER

Amount (\$) 40.00 Payee address; City; State; Zip Code 101 E. MC KINNEY  
DENTON, TX, 76201

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) STAMPS Description (If travel outside of Texas, complete Schedule T) ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date 12-27-18 Payee name MELODY KOHOUT

Amount (\$) 920.00 Payee address; City; State; Zip Code 2904 DESTIN DR.  
DENTON, TX. 76205

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) EVENT EXPENSE Description (If travel outside of Texas, complete Schedule T) ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date Payee name

Amount (\$) Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

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